

Grant and Per Diem (GPD)

# **FISCAL YEAR 2020 NOTICE OF FUNDING AVAILABILITY- PER DIEM ONLY (PDO) GPD MODELS TECHNICAL ASSISTANCE**

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# Agenda

- Considerations for application- Making Decisions about Models
- Overview of GPD Models
- Resource information



# PDO Service Models Eligible Activities

- Under this NOFA applicants can apply for Services Centers or one of five (5) Transitional Housing Models
  - Bridge Housing
  - Low Demand
  - Clinical Treatment
  - Hospital to Housing
  - Service Intensive
- Note all transitional housing models have performance targets established by VA
  - Performance targets are for subject to annual review and revision during the award period



# GPD Models Have Unique Roles

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**“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”**



# Making Decisions About Models

- Be involved in your community's plan to end Veteran homelessness
  - Understanding how transitional housing fits into the plan
- Understanding the homeless Veterans in your community
  - Number of homeless Veterans
  - Needs of homeless Veterans (e.g. homeless Veterans admitted to local VA's – understanding need for Hospital to Housing)
- How the project will serve Veterans eligible for GPD but not eligible for VA services



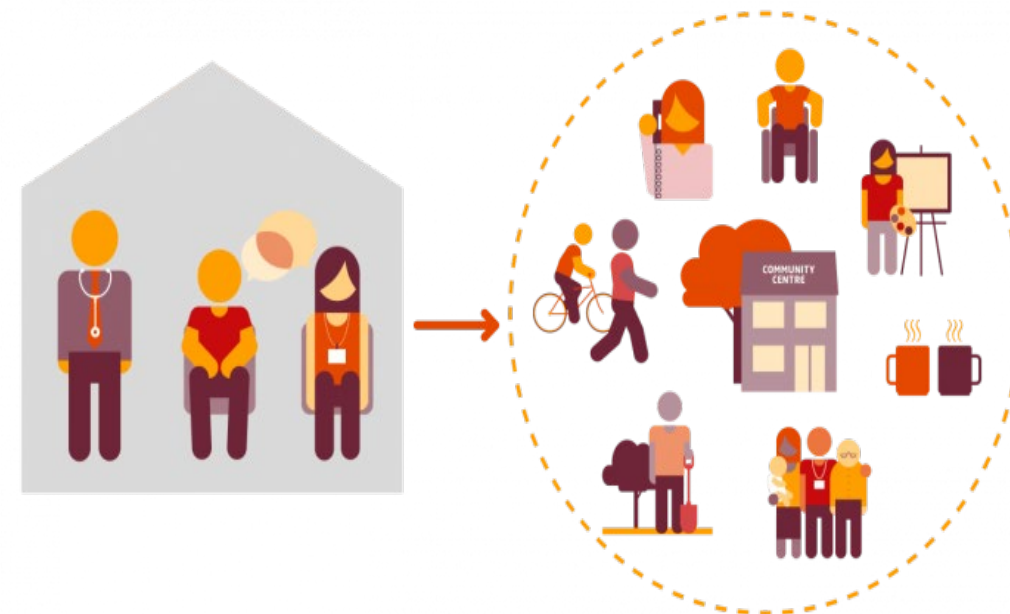
# Making Decisions About Models

- Integration of proposed projects with Coordinated Entry Systems in your community
  - How are these systems structured?
  - How will the proposed project fit into the community?
- How the project will connect with VA resources as appropriate
  - While in transitional housing
  - Post discharge



## Service Centers - Description

- Service Centers non-residential services designed to engage homeless Veterans
  - Provides services, information and referrals that will assist homeless Veterans obtain housing, employment, medical care, benefits or other eligible community services
  - Must operate a minimum of 40 hours a week and minimum of 5 days per week
  - Can be fixed site or mobile service



## Service Centers- Service Provision

- Space in a service center shall be made available as mutually agreeable for use by VA staff and other appropriate agencies and organizations to assist homeless veterans
- A service center shall be equipped to provide, or assist in providing, health care, mental health services, hygiene facilities, benefits and employment counseling, meals, and transportation assistance;
- Other services that services centers can provide include not limited to;
  - Job training and job placement services (including job readiness, job counseling, and literacy)
  - Outreach services
  - Case management services





# Service Centers- Regulations

- Reimbursement by the hour – 38 CFR 61.33 (c)
- Operating requirements of service center can be found in 38 CFR 61.80 (k)
- Note: Separate application for service centers



## Service Centers -Lessons Learned

- Service Centers can be a valuable tool in supporting community outreach efforts
- Vital to be connected to Coordinated Entry System
  - May be first engagement with Veteran experiencing homelessness
  - Connections with available community resources
- Service Centers as ongoing engagement site
  - Daily drop in center serve as means for trust building outreach



# Bridge Housing - Description



- Intended to be a short-term stay in transitional housing for veterans with pre-identified permanent housing destinations.
- Target Population -Homeless veterans who have been offered and have accepted a permanent housing intervention but are not able to immediately enter the permanent housing.



## Bridge Housing - Description

- Must be offered and accepted a permanent housing intervention prior to admission with documentation to be completed within the first 14 days of admission
  - Veteran has been accepted for case management for Department of Housing and Urban Development-VA Supportive Housing (HUD–VASH) program
    - Even if the Veteran has not yet received the HUD-VASH voucher



## Bridge Housing - Description

- Acceptance into other Permanent Supportive Housing programs
- Veteran has been enrolled in Supportive Services for veterans Families (SSVF) but has not yet started services
- Other housing commitments in place (e.g. apartment lease)



# Bridge Housing Characteristics

- Length of Stay (LOS) individually determined based on need, but in general, is expected to average 90 days
  - Short stay as target for model based – per diem does not end at 90 day point
- Goals of Individual Service Plan (ISP) short-term with the focus on the move to permanent housing



## Bridge Housing Characteristics

- Case management and support services should be highly coordinated with the permanent housing intervention (e.g. HUD-VASH, SSVF) to ensure success of housing plan
  - Regular, frequent case conferencing with GPD team, Veteran and permanent supportive housing team
  - Grantees will assist veterans with accessing services as needed/requested by the Veteran and must make available to participants a menu of available services



## Bridge Housing – Performance Targets

- Discharge to permanent housing target is 70 percent.
- Negative exits target is less than 20 percent
  - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff





## Bridge Housing –Lessons Learned

- Operating Bridge Housing is a shift in thinking/operations as the transitional housing is part of a housing first plan
  - Familiarize staff with housing first/rapid re-housing
- Key stakeholders
  - Coordinated entry
  - HUD-VASH, SSVF
  - Other permanent supportive housing (PSH) providers



## Bridge Housing –Lessons Learned

- Ongoing regular conversations with team regarding ISP
  - Team members- Veteran, PSH case manager, GPD staff, GPD liaison
    - Delineation of who is doing what parts of plan
    - Focus on short term goals that impact – how can GPD support the housing plan
- Bridge Housing as asset for communities attempting to end Veteran homelessness – meeting Federal criteria and benchmarks



## Bridge Housing – Lessons Learned

- Community working together on housing strategies
  - Working with landlords, realtor associations
  - Landlord master list (what is available, pre-requisites)
  - Give and receive consistent feedback about housing challenges and opportunities



# Low Demand- Description

- Low-Demand housing uses a high-engagement/harm-reduction model to better accommodate chronically homeless veterans and veterans who were unsuccessful in traditional treatment settings
  - Target population- Homeless Veterans with mental health or Substance Use Disorders who struggle maintaining sobriety
    - Multiple attempts at treatment
    - May have not yet committed to treatment or recovery



## Low Demand -Description

- The goal is to establish permanent housing in the community, while providing for the safety of staff and residents
- Does not require sobriety or compliance with mental health treatment as a condition of admission or continued stay
- Demands are kept to a minimum; however, services are made widely available and are actively promoted by program staff as needed



## Low Demand Characteristics

- Rules focus on staff and resident safety
- Residents should not be expelled for minor rule infractions
- Residents are proactively engaged to participate in groups, classes, and programming, but are not forced to participate in programming
- Staffing requirement 24/7 on-site



# Low Demand- Lessons Learned VA's Experience

- **Philosophy**
  - Demands are low, expectations are high
  - Low Demand does not mean No Demand
  - Rules should focus on resident and staff safety
- **Empower Veterans**
  - Incentivize participation
  - Use peer support for orientation and assistance
  - Give residents a voice (e.g., resident council, community meetings)

\*GPD Low Demand Technical Assistance University of South Florida



# Low Demand- Lessons Learned VA's Experience

- Staffing
  - All staff should be familiar with and support the model
  - Frequent staff interaction with Veterans is encouraged
  - Ongoing communication between VA and Provider is critical
  - Non-confrontational methods of responding to intoxication
  - Tolerance to minor infractions of rules
  - Stay continuously engaged with Veterans through highs and lows

\*GPD Low Demand Technical Assistance University of South Florida





# Low Demand- Lessons Learned VA's Experience

- Be a good neighbor
- Safe keeping of medication
- Physical Design
  - Proximity of staff offices to Low Demand beds
  - Common areas to encourage interaction
  - Procedures for signing in and out are encouraged
  - Amnesty boxes
  - Safe Rooms and Sober Lounges

\*GPD Low Demand Technical Assistance University of South Florida



## Low Demand- Special Consideration

- Size (typically 20 beds or less)
- Location
  - Physical separation from sobriety based programs
- On site staffing 24/7 at same location as residents (required)
- Resident Orientation to the program, designed to set the expectations
- Monitoring comings and goings
- Management of introduction of contraband

\*GPD Low Demand Technical Assistance University of South Florida



## Low Demand – Performance Targets

- Discharge to permanent housing target is 60 percent.
- Negative exits target is less than 20 percent
  - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff



# Additional information about GPD Low Demand Model

<https://www.va.gov/HOMELESS/nchav/gpd-ta/GPD-LD.asp>

[https://www.va.gov/HOMELESS/nchav/docs/Grant\\_and\\_Per\\_Diem\\_Low\\_Demand\\_Program\\_Model\\_FAQ.pdf](https://www.va.gov/HOMELESS/nchav/docs/Grant_and_Per_Diem_Low_Demand_Program_Model_FAQ.pdf)

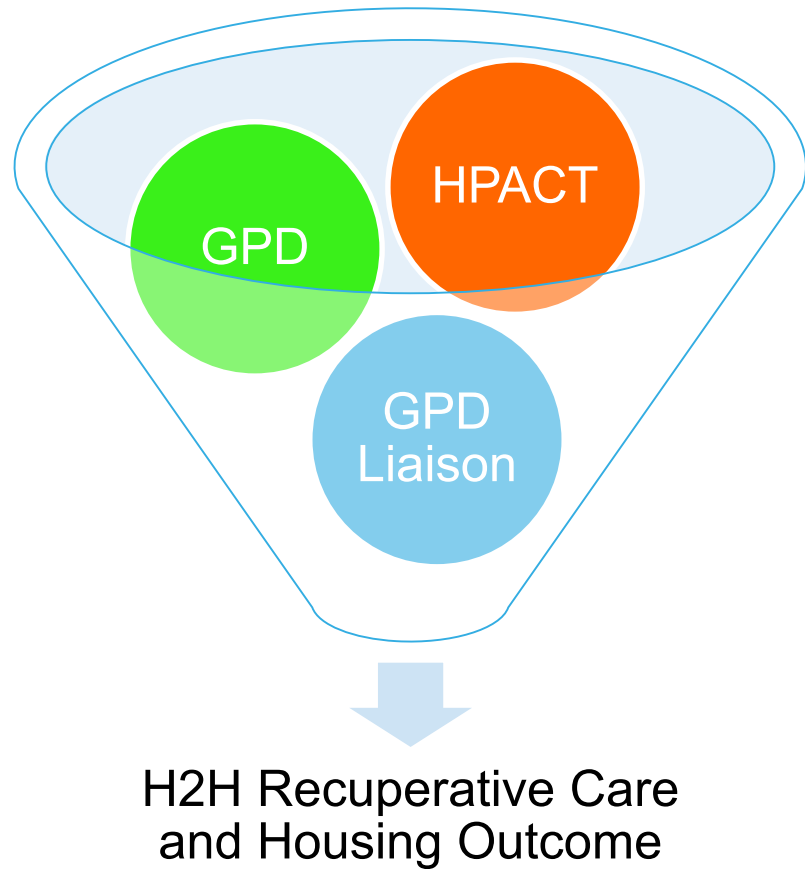


## Hospital to Housing (H2H) - Description

- Model to address the housing and recuperative needs of homeless Veterans who have been hospitalized
  - Adaptation of medical respite
- Addresses both medical and psychosocial needs
- Coordinates services: *“H2H is good case management”*
- Brings together case managers, primary care teams, GPD providers
- Results in shorter hospital stays and leads to permanent housing placements
- Hospitalization as an avenue to housing



# Hospital to Housing (H2H)- Description



- Brings together GPD liaison, primary care teams, GPD providers
- Results in shorter hospital stays and leads to permanent housing placements
- Hospitalization as an avenue to housing



## Hospital to Housing (H2H) - Description

- H2H provides **recuperative stays** to homeless Veterans who may otherwise remain in the hospital longer than necessary.
- The expectation is that the Veteran will **receive follow-up care at the partner VA.**
- Veterans should demonstrate **functional ADLs, not be actively psychotic, not be demonstrating cognitive decline, not needing active detox.**



# Hospital to Housing (H2H)- Description

- Veterans should be **permanent housing candidates**.
- It is expected that the Veteran will **make a full recovery** from the condition being treated: H2H is **not a substitute for nursing home** or assisted living care.
- Hospitalizations **can be medical or psychiatric**, depending on the arrangement between VA and GPD
- *Eligibility for VA Healthcare needed for this model*





# Hospital to Housing (H2H)- Characteristics

- Projects small- typically 10 beds or less
- Housing site near referring medical center to ensure ongoing clinical care can be provided
  - Medical center
  - Community Based Outpatient Clinic (CBOC)
  - Community Resource and Referral Center (CRRC)
- Post-discharge plan from hospital – pre-requisite to program placement



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## Hospital to Housing (H2H)- Characteristics

- VA Homeless Patient Aligned Care Team (H-PACT) or other appropriate clinical care team will facilitate and coordinate ongoing clinical care
- Memorandum of Understanding (MOU) must be in place between local VA and H2H grant applicant at time of application
  - Signed by both parties
  - Submitted with the grant application



# Hospital to Housing (H2H)- Characteristics- MOU

- The MOU must;
  - Detail the acceptance criteria for Veterans being referred from local inpatient care settings and emergency departments
  - Detail how follow-up care with the medical center is organized



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# Hospital to Housing (H2H) – Lessons Learned

- Important to map out how services will flow, roles and processes\*
  - Medical Center, H-PACT (or other treatment team), GPD liaisons
  - How will the Veterans be seen by H-PACT (e.g. at GPD site, at CRRC, CBOC, medical center)
  - Mechanism for referrals and information needed (consult)
- Referral patterns for these projects different – Key stakeholders are VA medical centers\*
- Getting to know partners – GPD grantee meeting and touring locations where H-PACT team meets and vice versa\*
- Revisiting staff roles and responsibilities as staff turnover occurs\*

\*Adapted from presentation by Melissa Meierdierks,  
Holly Dahlseid and Rich DeBlasio



## Effective Team Communications

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## Hospital to Housing – Performance Targets

- Discharge to permanent housing target is 65 percent.
- Negative exits target is less than 20 percent
  - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff
- Small denominators taken into consideration



# Clinical Treatment- Description

- Residential treatment services for homeless Veterans with substance use disorder and/or mental health diagnosis provided in conjunction with services to assist Veterans secure permanent
- Target population- Homeless Veterans with substance use disorder (SUD) and mental health (MH) diagnosis
  - Veteran actively chooses to engage in clinical services



## Clinical Treatment - Characteristics

- Applicant identifies which target population(s) the project will serve (SUD and/or MH)
  - Treatment services must be provided by the grant applicant or through contract arrangement
  - VA cannot be the treatment provider for this model.
- Staff licensed or credentialed to provide SUD or MH services as directed by state or local law
- Individualized services and program stays





# Clinical Treatment - Characteristics

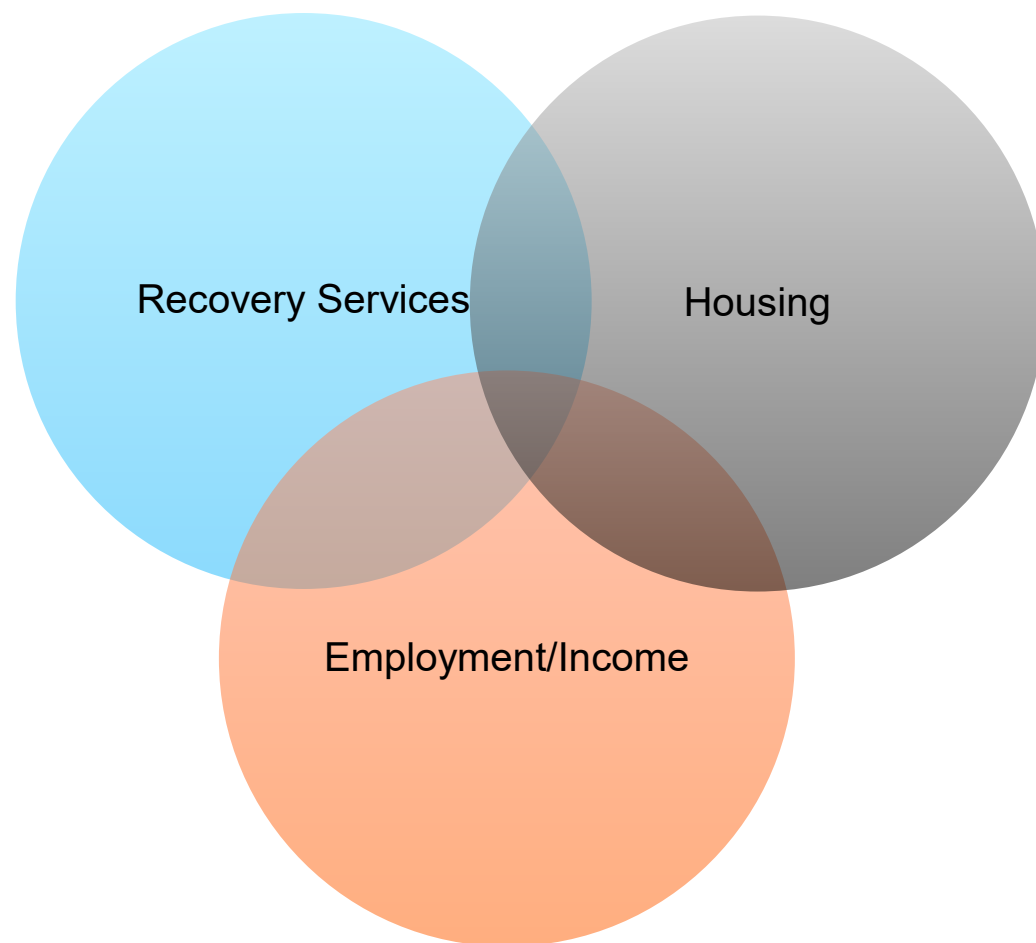
- Expectation of grantee would be to incorporate strategies to increase income and housing attainment as well as recovery strategies
- A variety of treatment modalities offered to Veteran residents (e.g. groups, individual counseling, family therapy, psychoeducation)



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# Clinical Treatment Model- Balance



## Clinical Treatment – Model Considerations

- Integration with for Coordinated Entry System
- Coordinating with VA SUD/MH services
  - While residing in services and post discharge from GPD
- Veterans with Opioid Use Disorder
  - Availability of Naloxone for Veterans with history of Opioid use
  - Emergency medication access
  - Medication treated patients



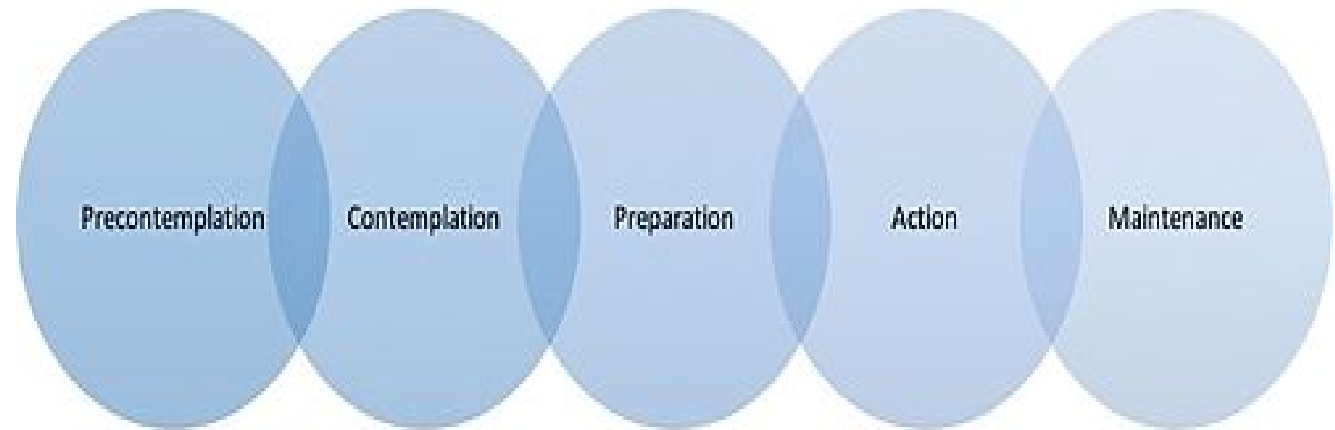
## Clinical Treatment – Lessons Learned

- Be sure you are aware of any state requirements (e.g. certifications, licenses) operating this type of service
  - Ensure staff are credentialed to provide the services described in the grant application
- Communication with VA SUD or Mental Health Services regarding Veterans who are prescribed various medications as part of their treatment
  - Linkages with inpatient stakeholders MH/SUD services who may refer homeless Veterans for services



# Clinical Treatment – Lessons Learned Thoughts from the Field

- Case conferencing with Coordinated Entry System to discuss affordable housing options\*
- Meetings with local landlords at GPD to present housing options to Veterans\*
- Training of staff (e.g. Motivational Interviewing, Trauma Informed Care, S.A.V.E training)\*



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\*Adapted from presentation by Sha-Ron Haddock, Lisa Coles



## Clinical Treatment – Lessons Learned

- Benefits assistance SSI/SSDI Outreach, Access and Recovery S.O.A.R certified staff, Memorandums of Agreement (MOA) with community agencies to assist with VA benefits\*
- Enrollment in Homeless Veterans Reintegration Program (HVRP) grant, other employment programs\*
- Referrals to VA's Compensated Work Therapy (CWT) for a employment assistance\*

\*Adapted from presentation by Sha-Ron Haddock, Lisa Coles



## Clinical Treatment – Performance Targets

- Discharge to permanent housing target is 65 percent.
- Negative exits target is less than 20 percent
  - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff
- Employed at Exit target is 55 percent



# Service Intensive Transitional Housing -Description

- Provides transitional housing and ***robust services*** that facilitate individual stabilization, increased income and movement to permanent housing as rapidly as clinically appropriate
  - Services should be broad based to meet the needs of homeless Veterans
    - Coordination for healthcare needs
    - Employment
    - Benefits Assistance
    - Budgeting and Credit Restoration
    - Housing Assistance
    - Transportation services
    - SUD/MH services





# Service Intensive Transitional Housing -Description

- Services can be provided “in-house” or in collaboration with other organizations
  - Services that are being provided in collaboration with other organizations confirming documentation should be provided with application (e.g. MOU, letter of commitment)
  - Services can be contracted to another organization- committed to provides services as described in the grant application



## Service Intensive - Description

- Goals are individually determined based on need but, should facilitate the movement of Veterans to permanent housing as rapidly as clinically appropriate.
- Targeted Population - Homeless Veterans who choose a supportive transitional housing environment that provides services prior to entering permanent housing



## Service Intensive – Lessons learned

- Integration with Coordinated Entry opportunity for referrals, and access to information on community resources (e.g. housing, employment)
- Importance of discussions about housing needs key part of conversation at each meeting
- Diversification of staff with ability to assist in locating housing
- Program expectations to lowering barriers and engaging Veterans who return to substance use did not negatively impact program outcomes



## Service Intensive – Lessons learned - Outcomes

Fiscal Year	% Exits to PH	% Negative Exits	% Employed at Exit
2017	66.6%	21.1%	54.7%
2018*	69.1%	19.2%	65.4%
2019*	69.1%	18.9%	64.5%

\* Change to program specific model and expectations of lowering barriers and continued Veteran engagement



## Service Intensive – Performance Targets

- Discharge to permanent housing target is 70 percent.
- Negative exits target is less than 20 percent
  - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff
- Employed at Exit target is 55 percent



# NOFA Resources

- GPD technical assistance email – [gpdgrants@va.gov](mailto:gpdgrants@va.gov)
- GPD website has a variety of technical assistance products  
[www.va.gov/homeless/gpd.asp](http://www.va.gov/homeless/gpd.asp)
  - Frequently Asked Questions – FAQs
  - Veteran Integrated Service Network (VISN)/ Medical Center Directory
  - Continuum of Care (CoC) information
  - Point in Time Count Link
  - GIFTS Guide
  - ***GIFTS application link***



# GPD FY 2020 PDO NOFA

